

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Estate of John P. O'Neill, et al

Plaintiff,

-V-

The Republic of Iraq, et al

Defendants.

CERTIFICATE OF MAILING

FILED
U.S. DISTRICT COURT
2005 JUN 17 A 10:47
S.D. OF N.Y.

04 C. 1076 (RCC)

I, J. Michael McMahon, Clerk of Court for the Southern District of New York, do hereby certify that on the

June 17, 2005

I served the

SUMMONS
COMPLAINT
NOTICE OF SUIT
CERTIFICATE OF AUTHENTICITY

Pursuant to the foreign sovereign immunities act (28 U.S.C. §1608(a)(4), filed and issued herein on the
Dec. 20, 2004

by mailing by Registered mail, return receipt requested, at the United States Post Office, Chinatown Station, New York, N.Y., a copy of each thereof, securely enclosed in a post-paid wrapper addressed to:

See attached for listing of Defendants

RR# 700/ 2510 0005 6700 436/ _____ # _____

Dated: New York, NY

J. Michael McMahon
CLERK

7. Mohammed Baqer Zolqadr, Iranian Revolutionary Guards Corp.
Deputy Commander Brig. Gen.

Each of these defendants are to be served at the Iranian Ministry of Foreign Affairs, United Nations Street, Tehran, Iran.

The Republic of Iraq is to be served by the State Department via the U.S. Embassy in Baghdad at the place and in the manner of their choosing.

Enclosed you will find two complete sets of documents for each defendant, one for service and one for the court's file. The documents include a complaint in English, and a translated complaint with verification in Farsi for the Iranian defendants and Arabic for the Iraqi defendant; Notice of Suit in English

and a summons in English and the respective

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only; No Insurance Coverage Provided)</small>		SECTION	COMPLETE THIS SECTION ON DELIVERY
WASHINGTON, DC 20520		3. Also complete this section if desired. See on the reverse card to you. ok of the mailplace, admits.	A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Postage \$ 5.30	UNIT ID: 0004		B. Received by (Printed Name) C. Date of Delivery 6/24/05
Delivery Fee \$ 2.30	Postmark Here		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No
Return Receipt Fee (Information Required) \$ 1.75	Clerk: KSJJJP	<i>in court, 2nd Cir. Court</i>	
Restricted Delivery Fee (Endorsement Required)	06/17/05	<i>ATE 2017 Ave., NW</i>	
Total Postage & Fees \$ 9.35			3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
Sender's Name Edward M. Patterson, Director of Special Services U.S. Dept. of State, 2100 Pennsylvania Ave., N.W. Wash., D.C. 20520			4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
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